

J. Trainee Exit Questionnaire Form

1.) Contact Information: Please provide your personal contact information that we may reach you after you have completed your training with us. If you do not yet have a new mailing, please indicate that and provide it to us once you have it.

Student's Name (last, first)	
Today's Date (MM-DDD-YYYY)	
Phone Number	
Personal Email Address	
Personal Postal Address (Street)	
(City, State, Zip Code)	
(Country)	

2.) Status of Next Position: What is the status of your next position? **Check**

<input type="checkbox"/>	I havenot received an offer.
<input type="checkbox"/>	I received but not yet accepted an offer.
<input type="checkbox"/>	I accepted an offer.

3.) Type of Next Position: If you have accepted an offer, indicate the type of position. **Check one**

<input type="checkbox"/>	Residency Training Program
<input type="checkbox"/>	Clinical Position
<input type="checkbox"/>	Another Degree Program
<input type="checkbox"/>	Industry
<input type="checkbox"/>	Government
<input type="checkbox"/>	Still Seeking a Position
<input type="checkbox"/>	Other